

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONERIN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIAErik Funk 201101097

Full Name of Plaintiff

Inmate Number

v.

c/o Charles Silverio

Name of Defendant 1

Sgt. McKenzie

Name of Defendant 2

c/o Murray

Name of Defendant 3

c/o Magnum

Name of Defendant 4

c/o Shiller

Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

DEFENDANT #6 - Baila
Defendant #7 - Sgt. Berto
Defendant #8 - Nurse Doly

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)☐ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

Civil No. _____

(to be filled in by the Clerk's Office)

☒ Demand for Jury Trial☐ No Jury Trial DemandFILED
CORANTON

MAY 12 2021

PLR

DEPUTY CLERK

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Fulk Erik

Name (Last, First, MI)

201/01/097

Inmate Number

Monroe County Jail

Place of Confinement

4250 Manor Drive

Address

Stroudsburg, Monroe, Pa, 18360

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Silverio Charles

Name (Last, First)

correctional officer

Current Job Title

4250 Manor Drive

Current Work Address

Stroudsburg, Monroe, Pa 18360

City, County, State, Zip Code

Defendant 2:

McKenzie
Name (Last, First)
St.
Current Job Title
4250 Manor Drive
Current Work Address
Stroudsburg, Pa Monroe, 18360
City, County, State, Zip Code

Defendant 3:

Murray
Name (Last, First)
correctional officer
Current Job Title
4250 Manor Drive
Current Work Address
Stroudsburg, Monroe, Pa, 18360
City, County, State, Zip Code

Defendant 4:

Magnum
Name (Last, First)
correctional officer
Current Job Title
4256 Manor Drive
Current Work Address
Stroudsburg, Monroe, Pa, 18360
City, County, State, Zip Code

Defendant 5:

Shiller
Name (Last, First)
correctional officer
Current Job Title
4250 Manor Drive
Current Work Address
Stroudsburg, PA 18360 (MalloE)
City, County, State, Zip Code

DEFENDANT #6
Balle - correctional officer
4250 Manor Drive
Stroudsburg, Monroe, Pa 18360

II (B.) continuation

~~DESSALT~~ #7

Zito - Set

4250 Manor Drive

Stroudsburg, Monroe, Pa 18360

~~DESSALT~~ #8

Daily - Nurse

4250 Manor Drive

Stroudsburg, Monroe, Pa 18360

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

(SEE VIDEO SURVEILLANCE @ APPROXIMATELY 9:30 PM)
in RTH DAYROOM into cell #8 5.6.21
THURSDAY...

B. On what date did the events giving rise to your claim(s) occur?

May 6, 2021

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

c/o Silverio has been assaulting inmates, and while on the phone Silverio tried to terminate my phone call with my family for no reason, I ignored him, told him to call the Sgt. he refused. So he did get on the phone and called for covers. So while in handcuffs and shackles I was being escorted to my cell 6 but Silverio grabbed my arm/neck and took me to the ground while shackled and handcuffed, then he put me in 8 cell, slammed me on the concrete bed and then start punching, kicking and kneeling me in my head, body while Sgt Zito had a pepper paint gun pushing it in my back stating, 'do as they say or I'm shooting you in your mouth', hitting me in the back with this gun while Sgt. McKenzie, Murray, Barla, Magnum, Shiller was just looking condoning this man brutal assault on my body to cause serious bodily injury, and I was denied medical treatment until 5.7.21 (Sun) left in blood and I asked nurse daily for treatment with a shrapnel/bruises/blood everywhere, she said (No) and I told her to take pics she said 'I don't have a camera, when there's a camera in medical'.

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed. I HAVE A RIGHT AGAINST EXCESSIVE FORCE BY GUARDS TO PUNISH—

(1) the defendants herein acted under color of state law as a pretrial detainees are protected by the due process clause of the 14th Amendment and I was brutally assaulted resulting in extreme and unusual punishment in violation of the 8th Amendment of the U.S. Const. When Silverio used maliciously and sadistically and brutally assaulted me causing serious bodily injury and such force was used to punish and this is not an isolated incident (see Wilson, Morgan, Ferguson, Jackson, Sanbowne cases @ U.S.D. District) of this C/O assaulting inmates and (3) I was deprived immediate medical treatment and nurse daily deprived me such and catered with deliberate indifference to my medical needs. were blood everywhere

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

HEAD WITH BLOOD, A SWOOSH COMPLETING STRIKE EYE, SHOULDER and handcuff bruises, bruises on back, shoulder and body, permanent eye injury

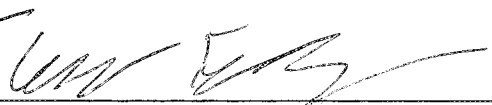
VI. RELIEF — for the use of color of state law and violation of my 8th + 14th AMEND. Rights of the U.S. Constitution.
State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

(1) \$25,000 AGAINST THAT OFFICER WHO BEAT ME + CALLED OF US BROTHER BROT
WHILE IN 4th GRADE AND "SHELTERS" IN COMPARTMENT + PUNISHMENT DURING
4th GRADE THAT DEFENDABLE" SEE FLOWERS V. AHERS, 956 F.2d 488, 489;
JACKSON V. AHERS, 241 F. Supp. 2d 1313, 1319, 1323" FOR EXCESSIVE USE OF
FORCE WITH DELIBERATE/INDULGENT (1) \$25,000 IS COMPARTMENT +
\$25,000 IN PUNISHMENT DURING 4th GRADE NURSES DAILY FOR
DEPRIVATION OF MEDICAL TREATMENT/PHOTOS TO TRY TO CONVERT
UP FOR DELIVER OF MEDICAL CARE... FOR DEFENDABLES TO TRY COST
FEE OF SUIT AND DELIVER THAT AGAINST UNCONSCIENTUALITY.

VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

✓  _____

Signature of Plaintiff

_____ 5-7-21

Date

ENK Enk (20101037)

4250 Morris Dr.
Scranton, PA 18360

LEHIGH VALLEY PA 180

10 MAY 2021 PM 3 L



RECEIVED WILLIAM J. NEALON FEDERAL BLDG. And U.S. Courthouse
SCRANTON

MAY 12 2021

235 NORTH WASHINGTON AVENUE
P.O. Box 1148
SCRANTON, PA 18501-1148

PER SP DEPUTY CLERK

18501-1148